



AMHO 2025 Pre-Budget Submission

FROM CRISIS TO *care*



Across Ontario, concerns about mental health and addictions are *on the rise*



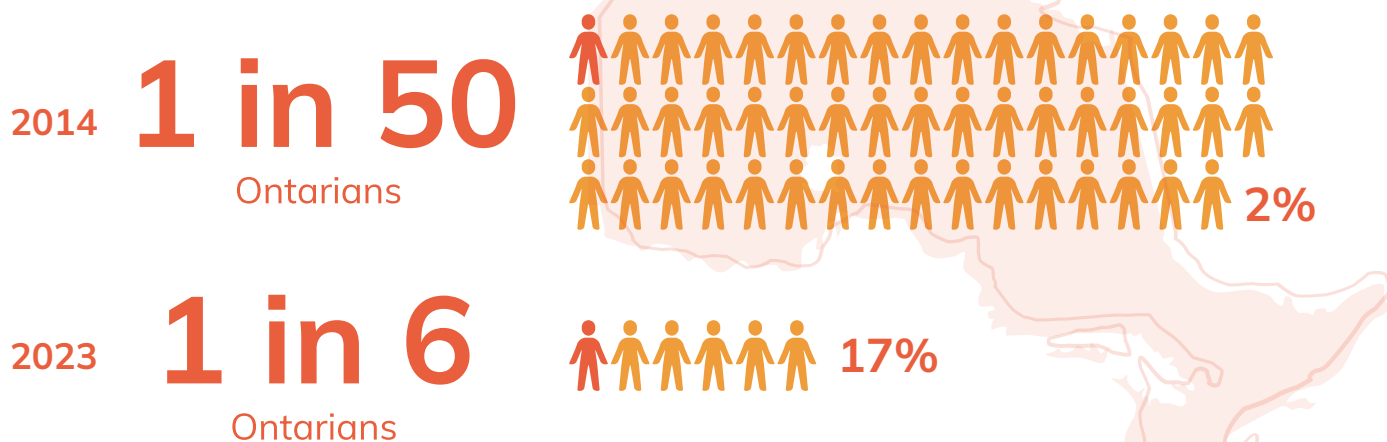
Addictions and Mental Health Ontario (AMHO) represents over 150 organizations that provide front line substance use, addiction, and mental health support and services to individuals and communities in need of care.

AMHO members provide a variety of community-based treatment programs and services including counselling, structured psychotherapy, case management, withdrawal management,

addictions treatment, peer support, harm reduction supports, and supportive housing.

According to the longest ongoing population survey of adult substance use and mental health in Canada, the number of Ontarians who have experienced serious psychological distress over the last decade has increased from 1 in 50 (2% of the population), to nearly 1 in 6 (17% of the population) in less than a decade.¹

Number of Ontarians Who Have Experienced Serious Psychological Distress Over the Last Decade¹



INTRODUCTION

Ontario is also seeing a rising number of individuals experiencing substance use related harms.

Between 2014 and 2021, **opioid related emergency department visits and deaths among adolescents and young adults quadrupled.**² This can be attributed to increasing barriers to opioid agonist treatment and harm reduction services, stigma around substance use, and an increasingly toxic drug supply.

At the same time, municipalities are sounding the alarm as an affordability crisis pushes basic necessities like housing further out of the reach of their residents; increasing wait times for community MHA services are leading Ontarians to increase their reliance on costly hospital care; MHA

agencies are struggling to move ahead on critical data and digital initiatives as staffing shortages prevent our workforce from moving our sector forward; and a punishing wage gap is forcing MHA workers to rethink staying in the career they love.

Our sector is effective and efficient with the limited resources we have, but we cannot solve these issues alone. AMHO members across Ontario are ready to work together with our partners in government, Ontario Health's MHA Centre of Excellence, municipalities, and colleagues across the healthcare continuum to help create solutions which ensure Ontarians can continue to access high-quality, community-based MHA care.

Opioid-Related Harms Among Young Ontarians²

2014-2021



711

Inpatient Hospitalizations



5,401

Emergency Department Visits



752

Deaths

Increased Access to Alcohol Leads to Increased Consumption

Alcohol related harms cost Ontario over \$7 billion per year, far exceeding the \$2 billion the province receives in annual revenue from alcohol sales.³

\$7.1 bn

\$2 bn

Members of the community health sector estimate that Ontario's 300% increase in the number of alcohol retail locations could lead to an increase in provincial alcohol consumption of ~45%.⁴

2025 Ontario Budget *investments*

To meet the **rising need** for MHA services across the province, AMHO is recommending the Ontario government make the following investments in the 2025 Budget:

- **\$300 million over the next three years (2025-2028)** to begin to addressing wage parity and service gaps in community MHA care;
- **\$110 million to add 1,000 new units of supportive housing in 2025/26**, and support the preservation and protection of Ontario's existing supportive housing stock over the next three years (2025-2028).

70,000 new reasons *to invest*

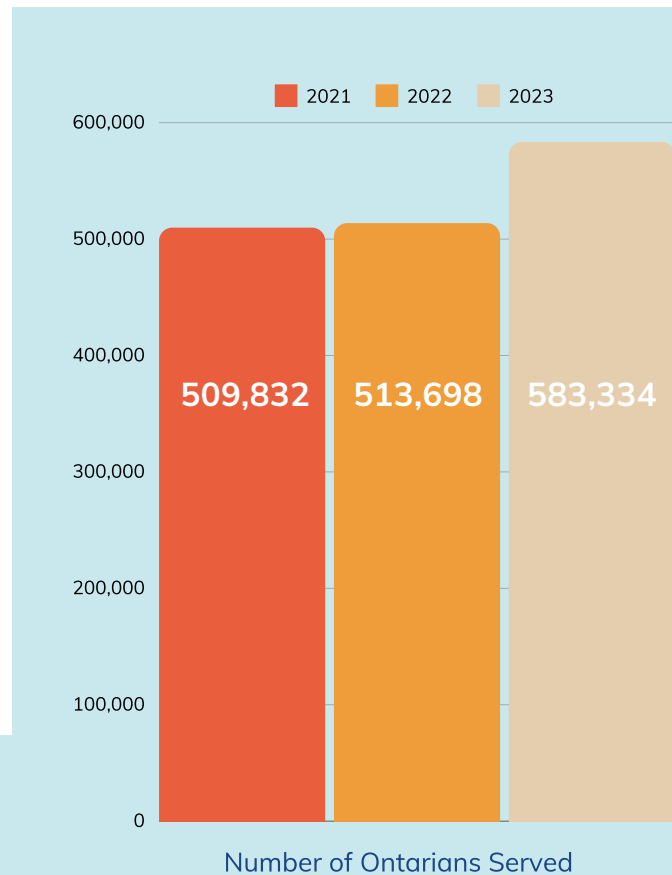
Investments in MHA care save lives, reduce costs, and have an immediate impact on the health and well-being of Ontario's diverse and growing communities.

In 2023, for the first time in over a decade, the MHA sector received a 5% base funding increase. **By the end of that fiscal year, our sector supported the MHA needs of an additional 70,000 Ontarians – a 13.6% increase!**⁶

Despite a consistent rise in the number of individuals experiencing mental health and substance use health challenges, **Ontario spends less than 3% of its healthcare budget on MHA programs and services.**⁵

Number of Individuals Served by the Community Mental Health and Addictions Sector⁶

In order to alleviate increasing pressures on Ontario's hospitals and emergency departments, significant investments must be made to meet Ontario's rising demand for MHA care. This includes compensating our workforce fairly and expanding the capacity of MHA service providers. These investments will help ensure Ontarians continue to receive timely care in appropriate community-based settings.



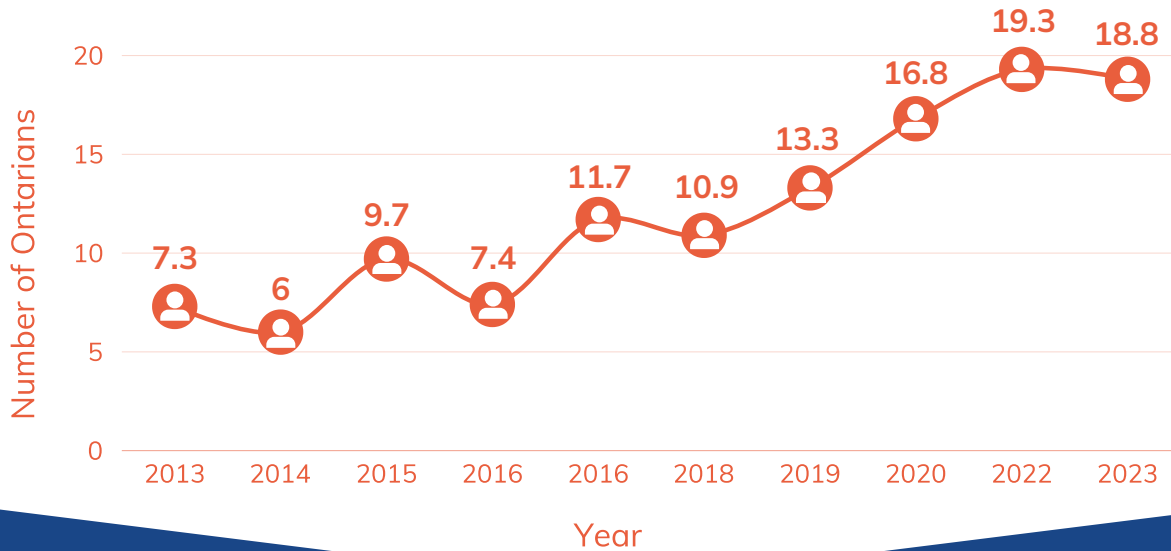
These findings, as highlighted in the Ontario Community Health Compensation Market Salary Review, align with the findings of the 2023 Auditor General's report. If we do not address them, Ontario will see longer waitlists for MHA programs, increased strain on municipal and emergency services, a steady erosion of the MHA workforce, and poorer health and wellness outcomes.

In 2023, staff in the community health sector saw an average salary increase of 1.53%, a stark contrast to the 11% increase awarded to nurses in hospitals and the 8% increase for emergency medical service workers. As a result, the community health sector is witnessing an exodus of its workforce to other sectors, making recruitment and retention of health workers increasingly challenging.

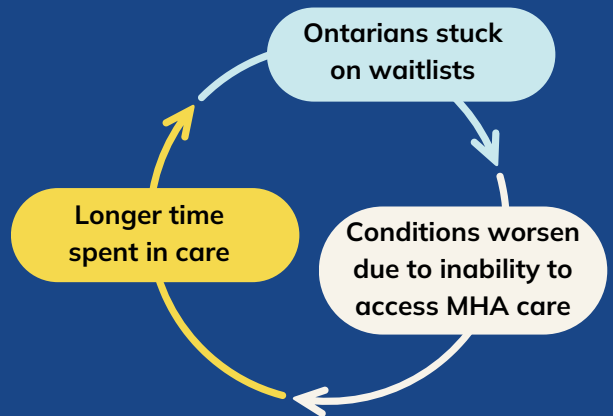
Ontario Community Health Compensation Market Salary Review⁷.

Early intervention is *critical*

Number of Ontarians Reporting 14+ Mental Distress Days in a 30-Day Period¹



The longer Ontarians wait to receive MHA care, the worse their conditions can become. As data from the Ministry of Health indicates,⁶ **the number of Ontarians who have sought out higher acuity MHA services like case management, bed-based treatment and withdrawal management is growing steadily**, demonstrating a rising level of need across Ontario. If we do not continue to invest in MHA care, these numbers will continue to increase.



Number of Ontarians Waiting for High Acuity Services⁶

Service	2021/22	2022/23	2023/24
Addictions Case Management	56,812	53,594	81,053
Bed-Based Addictions Treatment	7,185	14,610	15,545
Withdrawal Management Services	80,129	81,774	105,473

No Time to *wait*

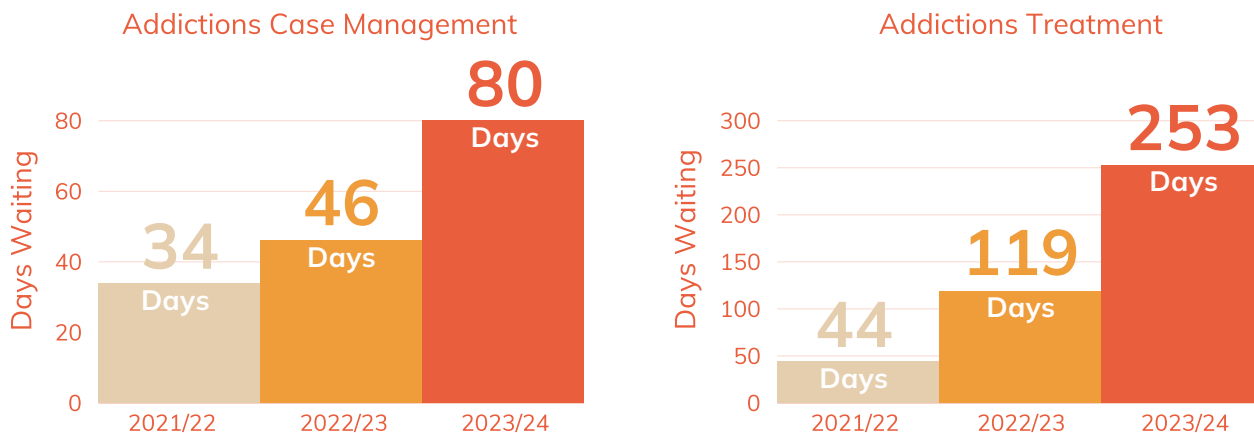
While physical health issues are treated with urgency and empathy, individuals with MHA challenges are often marginalized, reinforcing the wider social stigma surrounding MHA care.

The average Ontarian in need of primary care can access a physician at a walk-in clinic in 40-70 minutes.⁸ That same Ontarian seeking MHA care from a community provider is often left waiting weeks, if not months, for help.

This disparity between wait times for primary care and MHA care highlights a significant inequity in our healthcare system, and sends a troubling message to Ontarians about the value placed on different types of health concerns.

Last year, despite supporting more Ontarians than ever before, both the number of Ontarians added to waitlists and the amount of time spent waiting for MHA care grew.

Ontario Ministry of Health - Estimated Average Wait Time Per Person⁶



Ontario Ministry of Health - Number of Ontarians Waiting for Services⁶

Treatment	2021/22	2022/23	2023/24
Mental Health Counselling and Treatment	6,072	5,638	7,664
Mental Health Child/Adolescent Counselling	255	583	1,668
Mental Health Case Management	9,163	11,787	11,407
Bed-Based Addictions Supportive Treatment (lower acuity)	29	219	345

Bridging the *wage gap*

90% of AMHO members identified wages as the most significant barrier to recruiting and retaining employees. In 2022/23, one in five staff at AMHO member organizations left their jobs – the primary reasons, compensation and burnout.

Recognizing the impact of the growing wage gap is critical. If Ontario does not take action to ensure service providers can compensate their employees fairly, we will continue to see an exodus of talent from the MHA sector.

Investments in our workforce are proven to increase capacity and provide more care for more Ontarians. **In 2023, following the 5% base funding increase, the total number of community MHA service visits increased by over 225,000.**⁶

To meet the rising needs of Ontarians, AMHO is requesting a \$300 million investment over the next three years (7% base funding increase for the sector in 2025, 4% base funding increase in 2026, 4% base funding increase in 2027). To ensure Ontario can continue meeting the

growing needs of our sector, AMHO would also like to work together with the Ontario government on the development of a long-term Health Human Resources Strategy.

The best workforce to support Ontarians is an experienced workforce. Experienced MHA workers have the knowledge and tools necessary to care for an increasingly complex client population, as well as support the vision of Ontario’s Roadmap to Wellness. This includes achieving key goals outlined in the roadmap such as reducing wait times for services, evening out service quality between providers and regions, dissipating sector fragmentation, and beginning to instate evidence-based funding models.

Prioritizing investment in the MHA workforce will help ensure Ontarians can access MHA care where and when they need it. This will also help alleviate the number of Ontarians who have increasingly begun to seek MHA care from expensive, and oftentimes less effective resources, like EMS and emergency departments.



Benchmark Job	Median Starting Salary (Hourly) ⁷			Median Top Salary (Hourly)		
	Mental Health and Addictions	Education & Acute Care	Difference	Mental Health and Addictions	Education & Acute Care	Difference
Nurse Practitioner	\$54.02	\$55.49	3%	\$51.40	\$64.67	26%
Registered Nurse	\$31.83	\$34.92	10%	\$34.51	\$50.00	45%
Registered Practical Nurse	\$26.74	\$31.07	16%	\$28.37	\$33.09	17%
Social Worker Level 1	\$27.97	\$34.03	22%	\$30.08	\$42.61	42%
Social Worker Level 2	\$30.71	\$36.48	19%	\$32.99	\$51.33	56%

A costly *alternative*

When community MHA care is unavailable, Ontarians turn to our provinces' emergency departments (EDs). EDs are a costly and ineffective substitute for community MHA care.

Furthermore, when individuals have been deprived access to treatment, evidence shows that these delays can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities and the adoption of life-threatening and life-altering self-treatments (e.g., legal and illicit substance use).

Last year, the 100 most frequent ED users at Toronto Western Hospital and Toronto General Hospital accounted for 4,309 visits. At UHN, 0.12 per cent of patients accounted for 3.5 per cent of the year's ED visits.⁹

While a critical part of the healthcare continuum, EDs should not be seen as a substitute for community MHA care.

Investing in community MHA care is not just the socially responsible thing to do, it's the fiscally responsible thing to do too.

Hospital Cost Per Visit⁶

Inpatient Addictions Bed	\$352
Inpatient Mental Health Bed	\$572
Emergency Mental Health Services	\$749
Inpatient Psychiatric Crisis Bed	\$1055



Community Cost Per Visit⁶

Addictions Case Management	\$118
Addictions Supportive Housing	\$151
Mental Health Case Management	\$163
Mental Health Counselling	\$190
Withdrawal Management Services	\$209



Support for *supportive housing*

For the first time in decades, Ontario is moving forward with critical investments in supportive housing.

Budget 2024's investment in rent supplements, supportive housing projects at Salus Ottawa and Stonehenge Therapeutic Community, and recently announced three-year HART Hub pilots, represent important steps in the right direction.

However, Ontario's inadequate housing supply is preventing tens of thousands of Ontarians from accessing the MHA supportive housing they need to recover. Solving this shortage will require

collaboration between all levels of government, the MHA sector, and the clients and communities we serve.

Immediate solutions are available. **A 2024 rapid review of AMHO's supportive housing providers revealed that Ontario could add as many as 1,000 new units of low, medium, and highly supportive housing in 2025/26 with an \$80 million investment.**

Investments in supportive housing present tremendous cost savings opportunities for the province, including reduced expenditures on emergency services, healthcare, and the criminal justice system.



Wait Time for Mental Health Supportive Housing⁶



2022

91,754
Days



2023

106,101
Days

\$72/Day¹⁰

(\$26,280 per year)
to stably house a person
in the community
with supports.

\$572/Day⁶

(\$208,780 per year)
to treat a person with
mental health care in a
psychiatric hospital.

FROM CRISIS TO CARE

If Ontario does not preserve its existing supportive housing stock and wrap around services, we will offset any potential benefits new projects may provide.

That's why AMHO is recommending the Ontario government also invest \$10 million annually over the next three years (2025-2028) to support the preservation and protection of Ontario's existing supportive housing stock.

Currently, supportive housing providers do not have adequate access to funding to support emergency repairs and/or sustained maintenance of their units. Furthermore, several AMHO providers have indicated that large portions of their budget are absorbed by maintenance and overhead costs, which continue to rise as the cost of owning and operating buildings continues to increase.

The enhancement of existing facilities and development of new supportive housing spaces will allow the province to ensure Ontarians have access to stable, safe, and supportive environments that facilitate recovery.

For every \$10 invested in supportive housing, the Mental Health Commission of Canada estimated an average savings of \$21.72 in public costs.¹¹ Supportive Housing is also shown to support a 50% decrease in ED visits, and a 60% decrease in outpatient hospital visits.

These investments are particularly important for the reduction of regional disparities in wait times and access, ensuring all regions, particularly high-need regions such as Central and North Ontario, receive proportional investment.

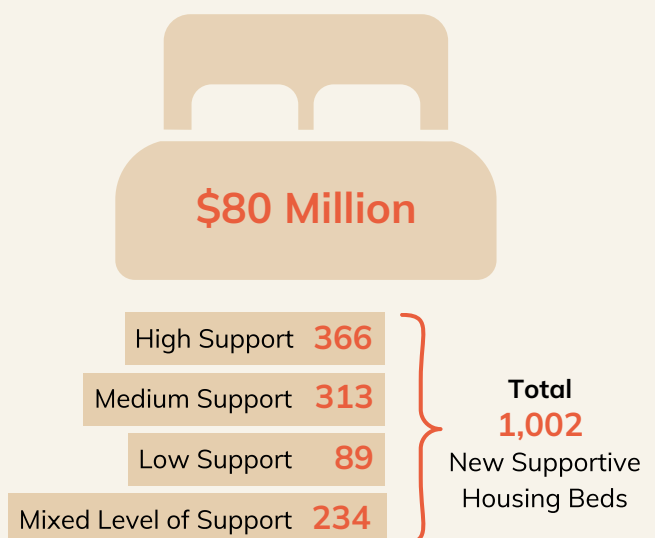
A 2024 Survey of AMHO Members Found

42% of respondents said their supportive housing units were in need of moderate repair.

20% of respondents said their supportive housing units were in need of major repair.

54% of respondents said their supportive housing units were over 40 years old.

Total Investment Needed for Supportive Housing Beds





conclusion

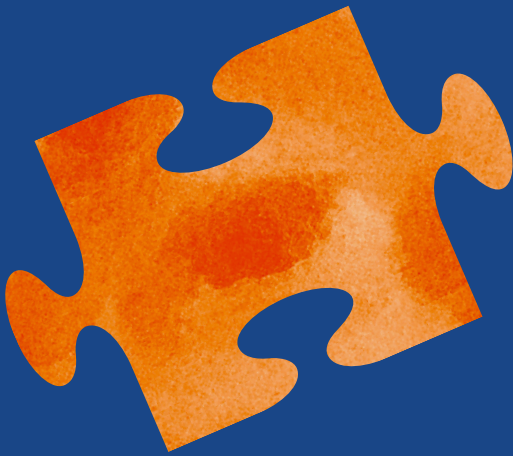
Investments in mental health and addictions programs and services, and the hardworking members of our workforce, are investments in the future of Ontario.

By strengthening our sector and prioritizing the mental health and substance use health of all Ontarians, we can shape a stronger and more inclusive province for everyone.

Together, with the support of the Ontario government, we can ensure that more Ontarians than ever before have access to high-quality mental health and addictions care they need, where and when its needed.

Citations

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AMHO is a membership-based non-for-profit organization focused on building a comprehensive and connected mental health system in Ontario.

Together, we represent over 150 addiction and mental health organizations across Ontario and more than 50,000 health care workers.